

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darlington Amadasu
PO Box 6263
Cinti, OH 45202

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below☐ Yes☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 0500 0002 0889 9223

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540



First-Class Mail
Postage & Fees Paid
MPS
Permit No. G-10



Send no money with your money. **NO POSTAGE** if in the U.S.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
1700 Main Street
San Francisco, CA 94102

JAN 27 2004
4:14 PM